

Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Racine

Notes

This report includes Provider Inspection Summaries (Facility Profiles) for Adult Family Homes in Racine County.

The report includes only facilities located within the City of RACINE. Reports for facilities located in other communities are listed separately on the DQA Facility Profile webpage.

The report is a PDF (Adobe Acrobat) document and includes a total of 273.00 pages. If you wish to read the profile for a particular

facility without scrolling through the rest of the document, use the Search feature in the Acrobat Reader to specify part of the name of the facility you wish to review.

If you wish to print the profile for a particular facility, be sure to send only the desired pages to your computer printer.

Otherwise you will be printing all pages in the document.

Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: 1ST CHOICE ADULT FAMILY (0015993)

Address: 3341 HAMLIN, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 11/28/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137490 **End Date:** 9/13/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q6QU11 Served 10/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	11/29/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	11/29/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: 2713 GILLEN (0018606)

Address: 2713 GILLEN STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/1/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142235 **End Date:** 1/25/2023 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #5M8311 Served 2/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	4/7/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/7/23	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	4/7/23	Yes

Survey ID: 0137672 **End Date:** 10/1/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (2713 GILLEN--0018606)

Date Complaint Received: 11/14/2022

Date Investigation Completed: 1/25/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A BETTER WAY ADULT FAMILY HOME LLC (0017677)

Address: 5201 LILAC LN, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 7/23/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A GOLDEN STAR AFH I (0017562)

Address: 4205 MONTEREY DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 7/17/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141109 **End Date:** 10/17/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136808 **End Date:** 7/19/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (A GOLDEN STAR AFH I--0017562)

Date Complaint Received: 9/21/2022

Date Investigation Completed: 10/17/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/13/2022

Date Investigation Completed: 10/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A GOLDEN STAR AFH III (0017075)

Address: 1638 ERIE ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 3/13/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141083 **End Date:** 10/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141336 **End Date:** 4/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #G8I211 Served 11/11/2022

Deficiencies Cited

88.07(2)(b)5

88.07(3)(a)

88.07(3)(e)1

88.10(3)(q)

Subject Area

MONITORING HEALTH

PRESCRIPTION MEDICATIONS

MEDICATION- RECORD KEEPING

MEDICATIONS

Compliance
Verified

Corrected

Survey ID: 0136579 **End Date:** 6/22/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (A GOLDEN STAR AFH III--0017075)

Date: 11/11/2022 **SOD #**5ND311 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (A GOLDEN STAR AFH III--0017075)

Date Complaint Received: 9/27/2022

Date Investigation Completed: 10/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 1/31/2022

Date Investigation Completed: 4/29/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

G8I211

Date Complaint Received: 3/30/2021

Date Investigation Completed: 6/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A GOLDEN STAR AFH V (0017971)

Address: 4201 MONTEREY DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/6/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142447 **End Date:** 11/30/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #V2VZ11 Served 3/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)4	RECORD OF MEDICAL VISITS AND REPORTS		
88.07(2)(b)5	MONITORING HEALTH		
88.10(3)(a)	FAIR TREATMENT		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0141712 **End Date:** 8/3/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #JWRC11 Served 12/29/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT		
88.06(3)(f)	REVIEW OF ISP		
88.07(2)(a)	SERVICES		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

Enforcement History (A GOLDEN STAR AFH V--0017971)

Date: 12/29/2022 **SOD #** JWRC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (A GOLDEN STAR AFH V--0017971)

Date Complaint Received: 9/30/2022 **Date Investigation Completed:** 11/30/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	V2VZ11

Date Complaint Received: 5/9/2022 **Date Investigation Completed:** 8/3/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A GOLDEN STAR AFH (0016654)

Address: 3337 CHARLES STREET, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 5/23/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141155 **End Date:** 10/25/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140566 **End Date:** 7/28/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138884 **End Date:** 10/26/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4UOE11 Served 3/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH	7/28/22	Yes
88.07(2)(b)6	NOTIFICATION OF CHANGES	7/28/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0137910 **End Date:** 8/24/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZKOK12 Served 12/8/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	7/28/22	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	7/28/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	7/28/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	7/28/22	Yes
88.10(3)(q)	MEDICATIONS	7/28/22	Yes

Survey ID: 0136518 **End Date:** 2/1/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ZKOK11 Served 6/18/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	8/18/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	8/18/21	Yes
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES	8/6/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (A GOLDEN STAR AFH--0016654)

Date: 3/6/2022 **SOD #**4UOE11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/6/2021 **SOD #**ZKOK12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 6/18/2021 **SOD #**ZKOK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (A GOLDEN STAR AFH--0016654)

Date Complaint Received: 9/30/2021

Date Investigation Completed: 10/26/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

4UOE11

PROGRAM SERVICES

SUBSTANTIATED

4UOE11

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/17/2021

Date Investigation Completed: 8/18/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 4/12/2021

Date Investigation Completed: 8/16/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

ZKOK12

Date Complaint Received: 1/25/2021

Date Investigation Completed: 2/2/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

ZKOK11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A LOVING CARE GROUP HOMES II LLC (0014287)

Address: 1341 VIRGINIA ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 1/7/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142137 **End Date:** 9/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XG6111 Served 2/13/2023

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0137221 **End Date:** 9/8/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (A LOVING CARE GROUP HOMES II LLC--0014287)

Date: 2/13/2023 **SOD #**XG6111 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (A LOVING CARE GROUP HOMES II LLC--0014287)

Date Complaint Received: 8/15/2022

Date Investigation Completed: 9/29/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

SUBSTANTIATED

XG6111

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A LOVING CARE GROUP HOMES LLC (0013619)

Address: 2710 WESTLAWN AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 2/16/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141130 **End Date:** 8/25/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138551 **End Date:** 1/20/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BE1F11 Served 1/31/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified
8/25/22

Corrected
Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0138356 End Date: 9/13/2021 Type: STANDARD Purpose: SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MZCK12 Served 1/18/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
13.05(3)(a)	ENTITY ALLEGATION REPORTING REQUIREMENTS	8/25/22	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	8/25/22	Yes
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	8/25/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/25/22	Yes
88.05(3)(b)	FREE OF HAZARDS	8/25/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	8/25/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/25/22	Yes

Enforcement History (A LOVING CARE GROUP HOMES LLC--0013619)

Date: 1/31/2022 SOD #BE1F11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 1/18/2022 SOD #MZCK12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (A LOVING CARE GROUP HOMES LLC--0013619)

Date Complaint Received: 8/19/2021 Date Investigation Completed: 9/13/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	MZCK12

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A LOVING HEART ADULT FAMILY HOME LLC (0018507)

Address: 732 PARK AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 9/8/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137463 **End Date:** 9/8/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A NATURALLY NURTURING PLACE (0015742)

Address: 901 OSTERGAARD AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 9/1/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141064 **End Date:** 10/13/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135023 **End Date:** 9/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GEY011 Served 10/27/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	10/13/22	Yes

Enforcement History (A NATURALLY NURTURING PLACE--0015742)

Date: 10/26/2020 **SOD #**GEY011 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

OTHER SANCTION

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (A NATURALLY NURTURING PLACE--0015742)

Date Complaint Received: 1/16/2021

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 9/2/2020

Date Investigation Completed: 9/16/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

GEY011

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A SERENE ABODE LLC (0017245)

Address: 1606 CRABTREE LANE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 7/3/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141815 **End Date:** 9/1/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KI1H11 Served 1/12/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(2)	ACCESS TO HOME AND WITHIN THE HOME		
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.09(2)(a)9	HEALTH SCREENING		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (A SERENE ABODE LLC--0017245)

Date: 1/12/2023 **SOD #**KI1H11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (A SERENE ABODE LLC--0017245)

Date Complaint Received: 12/16/2021

Date Investigation Completed: 9/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A+ JUST LIKE FAMILY 2 LLC (0014635)

Address: 2111 MOUNT PLEASANT STREET, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 6/5/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139413 **End Date:** 4/12/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139763 **End Date:** 2/1/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIOC12 Served 6/3/2022

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Survey ID: 0137267 **End Date:** 9/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LIOC11 Served 9/21/2021

Deficiencies Cited
50.065(4m)(b)intro

Subject Area
CAREGIVER HIRING AND CONTRACTING
PROCESS

Compliance
Verified
2/1/22

Corrected
Yes

88.05(3)(a)

HOME ENVIRONMENT

2/1/11

No

88.07(3)(a)

PRESCRIPTION MEDICATIONS

2/1/22

Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (A+ JUST LIKE FAMILY 2 LLC--0014635)

Date: 6/5/2022 **SOD #** LIOC12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 9/21/2021 **SOD #** LIOC11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (A+ JUST LIKE FAMILY 2 LLC--0014635)

Date Complaint Received: 3/29/2022

Date Investigation Completed: 4/12/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/28/2021

Date Investigation Completed: 9/1/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A+ JUST LIKE FAMILY 3 LLC (0016987)

Address: 1108 ILLINOIS ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 1/11/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139053 **End Date:** 10/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #82VO11 Served 3/25/2022

Deficiencies Cited

88.06(3)(a)

88.07(2)(a)

Subject Area

INDIVIDUAL SERVICE PLAN & ASSESSMENT

SERVICES

Compliance
Verified

Corrected

Survey ID: 0136605 **End Date:** 6/17/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136578 **End Date:** 4/27/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135569 **End Date:** 1/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (A+ JUST LIKE FAMILY 3 LLC--0016987)

Date: 3/27/2022

SOD #82VO11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (A+ JUST LIKE FAMILY 3 LLC--0016987)

Date Complaint Received: 7/6/2021

Date Investigation Completed: 10/20/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

82VO11

Date Complaint Received: 5/5/2021

Date Investigation Completed: 6/17/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 3/19/2021

Date Investigation Completed: 4/27/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

Date Complaint Received: 3/11/2021

Date Investigation Completed: 4/27/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/26/2021

Date Investigation Completed: 4/27/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/23/2020

Date Investigation Completed: 2/9/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: A+ JUST LIKE FAMILY AFH (0013921)

Address: 1926 DEANE BLVD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 2/20/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141409 **End Date:** 11/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140309 **End Date:** 7/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137409 **End Date:** 6/2/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BW0612 Served 12/9/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	7/18/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	7/18/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	7/18/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (A+ JUST LIKE FAMILY AFH--0013921)

Date: 10/7/2021 **SOD #** BW0612 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (A+ JUST LIKE FAMILY AFH--0013921)

Date Complaint Received: 11/11/2022 **Date Investigation Completed:** 11/21/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A+ JUST LIKE FAMILY AFH (0018852)

Address: 2611 VIRGINIA ST, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 11/21/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141403 **End Date:** 11/21/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A+ JUST LIKE FAMILY FRANKLIN A (0017553)

Address: 1619 FRANKLIN ST A, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 3/3/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142037 **End Date:** 1/11/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137136 **End Date:** 8/18/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133338 **End Date:** 3/3/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (A+ JUST LIKE FAMILY FRANKLIN A--0017553)

Date Complaint Received: 11/11/2022

Date Investigation Completed: 1/11/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: A+ JUST LIKE FAMILY FRANKLIN B (0017554)

Address: 1619 FRANKLIN ST B, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 3/3/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142016 **End Date:** 1/12/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141420 **End Date:** 11/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137648 **End Date:** 9/21/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137138 **End Date:** 8/18/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133340 **End Date:** 3/3/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (A+ JUST LIKE FAMILY FRANKLIN B--0017554)

Date Complaint Received: 11/11/2022

Date Investigation Completed: 11/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 9/2/2021

Date Investigation Completed: 9/2/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 8/17/2021

Date Investigation Completed: 8/17/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: AARNA FAMILY CARE LLC (0016897)

Address: 2427 RUSSET ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 4/4/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141690 **End Date:** 8/18/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SML212 Served 12/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(2)(b)5	MONITORING HEALTH		

Survey ID: 0138882 **End Date:** 10/27/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #SML211 Served 3/8/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	8/18/22	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	8/18/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	8/18/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	8/18/22	Yes
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	8/18/22	Yes
88.06(3)(d)1	DESCRIPTION OF SERVICES	8/18/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	8/18/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (AARNA FAMILY CARE LLC--0016897)

Date: 12/27/2022 **SOD #**SML212 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 3/6/2022 **SOD #**SML211 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (AARNA FAMILY CARE LLC--0016897)

Date Complaint Received: 2/8/2022 **Date Investigation Completed:** 8/18/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 2/2/2022 **Date Investigation Completed:** 8/18/2022

Subject Area(s)
PROGRAM SERVICES

Result SOD #
NOT SUBSTANTIATED

Date Complaint Received: 1/28/2022 **Date Investigation Completed:** 8/18/2022

Subject Area(s)
PROGRAM SERVICES
STAFF TRAINING AND PROFICIENCY

Result SOD #
SUBSTANTIATED SML212
SUBSTANTIATED SML212

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: AASHIYANA FAMILY CARE LLC Unit A (0018954)

Address: 2900 RUSSET STREET UNIT A, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 7/13/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140241 **End Date:** 7/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: AASHIYANA FAMILY CARE LLC Unit B (0018953)

Address: 2900 RUSSET STREET UNIT B, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 7/13/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140240 **End Date:** 7/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ABOVE & BEYOND AFH III (0017610)

Address: 5214 16TH ST, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 11/11/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142446 **End Date:** 12/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #RRZT11 Served 3/13/2023

Deficiencies Cited
88.05(4)(d)2.c

Subject Area
SEMI-ANNUAL FIRE DRILLS

Compliance
Verified

Corrected

Survey ID: 0138229 **End Date:** 1/3/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137328 **End Date:** 9/15/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136786 **End Date:** 6/25/2021 **Type:** OTHER **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0135531 **End Date:** 11/20/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MM1F11 Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	6/25/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/25/21	Yes
88.06(3)(f)	REVIEW OF ISP	6/25/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/25/21	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	6/25/21	Yes

Enforcement History (ABOVE & BEYOND AFH III--0017610)

Date: 2/6/2021 **SOD #**MM1F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (ABOVE & BEYOND AFH III--0017610)

Date Complaint Received: 11/10/2022 **Date Investigation Completed:** 12/22/2022

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 7/11/2021 **Date Investigation Completed:** 9/15/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/16/2020 **Date Investigation Completed:** 11/20/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	MM1F11
RESIDENT RIGHTS	SUBSTANTIATED	MM1F11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ABOVE & BEYOND AFH PHASE I (0018431)

Address: 119 CRAB TREE LANE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 4/26/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136084 **End Date:** 4/26/2021 **Type:** INITIAL **Purpose:** CHOW--DESK REVIEW

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ABOVE AND BEYOND ADULT FAMILY HOME (0013672)

Address: 5404 WRIGHT AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 4/5/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141231 **End Date:** 11/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136884 **End Date:** 7/22/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135262 **End Date:** 8/27/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P4JR11 Served 12/7/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(g)	WINDOWS AND VENTILATION	7/22/21	Yes
88.06(3)(f)	REVIEW OF ISP	7/22/21	Yes

Enforcement History (ABOVE AND BEYOND ADULT FAMILY HOME--0013672)

Date: 12/7/2020 **SOD #**P4JR11 **Appealed:** No

Sanctions

OTHER SANCTION

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (ABOVE AND BEYOND ADULT FAMILY HOME--0013672)

Date Complaint Received: 7/27/2022

Date Investigation Completed: 11/1/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/26/2021

Date Investigation Completed: 7/22/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALLYSONS ADULT HOME II (0016469)

Address: 3600 10TH AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 4/6/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138075 **End Date:** 12/1/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #E2BW11 Served 12/23/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
12.04(1)	CONTRACTING BACKGROUND CHECKS ALLOWED	2/7/22	
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/7/22	

Enforcement History (ALLYSONS ADULT HOME II--0016469)

Date: 12/23/2021 **SOD #**E2BW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN I (390119)

Address: 1683 PERRY AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 2/1/1989 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140320 **End Date:** 7/20/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN II (0008611)

Address: 4212 DURAND AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 5/1/1987 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN III (390120)

Address: 1727 STODDARD CIRCLE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 11/1/1988 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN IV (390121)

Address: 1427 OHIO ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 11/1/1987 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136593 **End Date:** 6/15/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ALPHA HOMES OF WISCONSIN IV--390121)

Date Complaint Received: 4/13/2021

Date Investigation Completed: 6/15/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN V (0008612)

Address: 5238 ADMIRALTY DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 12/1/1987 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VI (0008614)

Address: 701 CARLTON DR, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/1/1998 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138181 **End Date:** 11/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN VII (390123)

Address: 5405 ERIE ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 9/4/1990 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139461 **End Date:** 1/21/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XVIII (0011654)

Address: 2126 SUTTON DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 10/30/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137893 **End Date:** 11/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135286 **End Date:** 12/2/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ALPHA HOMES OF WISCONSIN XVIII--0011654)

Date Complaint Received: 10/29/2021

Date Investigation Completed: 11/29/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 11/6/2020

Date Investigation Completed: 12/2/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ALPHA HOMES OF WISCONSIN XX (0012314)

Address: 6435 KINZIE AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 8/20/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134496 **End Date:** 8/10/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: AMYS ADULT FAMILY HOME 3 (0014725)

Address: 1719 GRAND AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 11/14/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141810 **End Date:** 8/3/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #442N11 Served 1/11/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	3/17/23	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	3/17/23	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	3/17/23	Yes

Complaint History (AMYS ADULT FAMILY HOME 3--0014725)

Date Complaint Received: 5/27/2022

Date Investigation Completed: 8/3/2022

Subject Area(s)
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: AMYS ADULT FAMILY HOME 4 (0016036)

Address: 2062 GEORGIA AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 12/5/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141415 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138180 **End Date:** 9/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GB2C11 Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	11/11/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/11/22	Yes
88.07(2)(a)	SERVICES	11/11/22	Yes
88.09(1)(a)	RESIDENT RECORDS	11/11/22	Yes
88.10(3)(q)	MEDICATIONS	11/11/22	Yes

Enforcement History (AMYS ADULT FAMILY HOME 4--0016036)

Date: 1/7/2022 **SOD #**GB2C11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (AMYS ADULT FAMILY HOME 4--0016036)

Date Complaint Received: 7/29/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: AMYS ADULT FAMILY HOME (0011232)

Address: 1703 W 6TH ST, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/16/2005 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BAILEY ROSE ADULT FAMILY HOMES (0018742)

Address: 4800 KINZIE AVENUE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 5/12/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139769 **End Date:** 5/12/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BARBS HOUSE LLC (0018593)

Address: 2417 HAMILTON AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 4/7/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139404 **End Date:** 4/7/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BELLS HAVEN LLC (0017576)

Address: 2512 DIANE AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 12/15/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135432 **End Date:** 12/15/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BEST CARE RESIDENTIAL 2 (0018454)

Address: 1601 W 6TH ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/26/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142449 **End Date:** 12/12/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #T5R611 Served 3/13/2023

Deficiencies Cited
88.07(2)(a)

Subject Area
SERVICES

Compliance
Verified

Corrected

Survey ID: 0136513 **End Date:** 5/26/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BEST CARE RESIDENTIAL AFH (0015141)

Address: 2001 CENTER STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 7/7/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136362 **End Date:** 2/25/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #12WJ13 Served 6/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	7/12/21	Yes

Survey ID: 0135273 **End Date:** 11/9/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #12WJ12 Served 12/10/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	2/25/21	Yes
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	2/25/21	No
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	2/25/21	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	2/25/21	Yes
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS	2/25/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (BEST CARE RESIDENTIAL AFH--0015141)

Date: 12/9/2020 **SOD #**12WJ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (BEST CARE RESIDENTIAL AFH--0015141)

Date Complaint Received: 2/22/2021

Date Investigation Completed: 2/25/2021

Subject Area(s)

Result

SOD

ADMINISTRATION
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 5/20/2020

Date Investigation Completed: 12/9/2020

Subject Area(s)

Result

SOD

ADMINISTRATION

SUBSTANTIATED

12WJ12

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BEST HOME CARE OF WI 2 LLC (0016768)

Address: 2524 DONNA AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 1/10/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142172 **End Date:** 11/25/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X2GY11 Served 2/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(f)	REVIEW OF ISP		
88.08	TERMINATION OF PLACEMENT		

Complaint History (BEST HOME CARE OF WI 2 LLC--0016768)

Date Complaint Received: 11/10/2022

Date Investigation Completed: 11/25/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BEST HOME CARE OF WI (0015329)

Address: 1331 BLUFF AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/29/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0133913 **End Date:** 2/18/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BLESSED ASSURANCE ADULT FAMILY HOME (0013784)

Address: 5645 REGENCY HILLS DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 9/29/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139408 **End Date:** 4/7/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137828 **End Date:** 7/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J4S411 Served 11/22/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	4/7/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	4/7/22	Yes

Enforcement History (BLESSED ASSURANCE ADULT FAMILY HOME--0013784)

Date: 11/24/2021 **SOD #**J4S411 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BRESHA SERENITY HOUSE (0009950)

Address: 5638 BYRD AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/6/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BRIGHTER DAY AFH CARLTON (0017376)

Address: 555 CARLTON DRIVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 3/19/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138589 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #MJ5811 Served 2/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		

Survey ID: 0134866 **End Date:** 9/23/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134726 **End Date:** 8/26/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #8O3C11 Served 9/8/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK	9/30/20	Yes
88.11(1)	REQUIREMENTS		
	REPORTING OF ABUSE AND NEGLECT	9/30/20	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (BRIGHTER DAY AFH CARLTON--0017376)

Date: 2/2/2022

SOD #MJ5811

Appealed: No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BRIGHTER DAY AFH TOO (0015406)

Address: 3435 ERIE STREET, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 12/15/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141573 **End Date:** 12/7/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138590 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KBW111 Served 2/2/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

Survey ID: 0138313 **End Date:** 11/24/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6IS611 Served 1/14/2022

Deficiencies Cited
88.04(2)(b)
88.11(1)

Subject Area
AWAKE STAFF FOR CONTINUOUS CARE
REPORTING OF ABUSE AND NEGLECT

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0134930 **End Date:** 9/11/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (BRIGHTER DAY AFH TOO--0015406)

Date: 2/2/2022 **SOD #** KBW11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 1/14/2022 **SOD #** 6IS611 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (BRIGHTER DAY AFH TOO--0015406)

Date Complaint Received: 9/20/2022 **Date Investigation Completed:** 12/7/2022

Subject Area(s)

PHYSICAL ENVIRONMENT/SAFETY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 11/2/2021

Date Investigation Completed: 11/24/2021

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

6IS611

Date Complaint Received: 6/8/2020

Date Investigation Completed: 9/11/2020

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/19/2020

Date Investigation Completed: 9/11/2020

Subject Area(s)

PROGRAM SERVICES

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: BRIGHTER DAY AFH (0014989)

Address: 1928 NEPTUNE AVENUE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 4/3/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140479 **End Date:** 5/18/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PERO16 Served 8/17/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(h)	COMPLY WITH OSHA		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(6)(a)	HOUSEHOLD PETS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(d)10	MEDICATION RECORDS		
88.09(2)(b)	LICENSEE RECORD		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0138435 **End Date:** 9/28/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PERO15 Served 1/21/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(6)(am)	FOUR YEAR CAREGIVER BACKGROUND REQUIREMENT	5/18/22	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	5/18/22	No
88.05(3)(a)	HOME ENVIRONMENT	5/18/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	5/18/22	Yes
88.09(2)(a)	SERVICE PROVIDER RECORD	5/18/22	Yes
88.09(2)(b)	LICENSEE RECORD	5/18/22	No
88.11(3)	INVESTIGATION OF ABUSE OR NEGLECT	5/18/22	Yes

Survey ID: 0136621 **End Date:** 6/11/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PERO14 Served 6/29/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	9/28/21	Yes
88.04(2)(h)	COMPLY WITH OSHA	9/28/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	9/28/21	No
88.09(2)(a)	SERVICE PROVIDER RECORD	9/28/21	No
88.09(2)(b)	LICENSEE RECORD	9/28/21	No
88.10(3)(e)	SELF-DIRECTION	9/28/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Adult Family Home

Enforcement History (BRIGHTER DAY AFH--0014989)

Date: 8/17/2022 **SOD #**PERO16 **Appealed:** Yes **Decision:** STIPULATION

Sanctions
REVOKE LICENSE
NNAO EXTENDED

Date: 1/21/2022 **SOD #**PERO15 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 6/29/2021 **SOD #**PERO14 **Appealed:** No

Sanctions
COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (BRIGHTER DAY AFH--0014989)

Date Complaint Received: 7/19/2021 **Date Investigation Completed:** 9/28/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	PERO15

Date Complaint Received: 4/28/2021 **Date Investigation Completed:** 9/28/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

Date Complaint Received: 2/16/2021 **Date Investigation Completed:** 6/11/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CAMELLIA HOMES-MAGNOLIA HOUSE (0016236)

Address: 4101 SHADOW LN, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 9/8/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137233 **End Date:** 9/9/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137215 **End Date:** 9/1/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137081 **End Date:** 7/28/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #B20E11 Served 8/24/2021

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified
9/9/21

Corrected
Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0136470 **End Date:** 4/29/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #08OC11 Served 6/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (CAMELLIA HOMES-MAGNOLIA HOUSE--0016236)

Date: 8/26/2021 **SOD #**B20E11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 6/16/2021 **SOD #**08OC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (CAMELLIA HOMES-MAGNOLIA HOUSE--0016236)

Date Complaint Received: 1/25/2021 **Date Investigation Completed:** 4/29/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ADMINISTRATION	NOT SUBSTANTIATED	
PHYSICAL ENVIRONMENT/SAFETY	NOT SUBSTANTIATED	
PROGRAM SERVICES	NOT SUBSTANTIATED	
STAFF TRAINING AND PROFICIENCY	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CARIBE ASSISTED LIVING II (0016684)

Address: 1435 DOUGLAS AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/5/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134870 **End Date:** 9/21/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CARIBE ASSISTED LIVING IV LLC (0018422)

Address: 1419 SUPERIOR ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 3/1/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138844 **End Date:** 3/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CARIBE ASSISTED LIVING LLC (0015001)

Address: 1415 SUPERIOR STREET, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 7/22/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136666 **End Date:** 6/10/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CARING HEARTS AFH 2 (0018405)

Address: 928 DELAMERE AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 2/8/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135715 **End Date:** 2/8/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CARING HEARTS AFH (0015586)

Address: 2826 Arlington Avenue, Racine, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 2/11/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141742 **End Date:** 8/31/2022 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #QF0L11 Served 1/5/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)8	TRAINING DOCUMENTATION		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (CARING HEARTS AFH--0015586)

Date: 1/4/2023 **SOD #**QF0L11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (CARING HEARTS AFH--0015586)

Date Complaint Received: 7/1/2022

Date Investigation Completed: 8/31/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CHARMING HOUSE II (THE) (0014105)

Address: 1509 ROOSEVELT AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 4/26/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138078 **End Date:** 9/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5O5S11 Served 1/11/2022

Deficiencies Cited

50.065(2)(bb)

88.06(3)(d)

Subject Area

DETERMINE FINAL DISPOSITION OF CHARGE

INDIVIDUAL SERVICE PLAN

Compliance

Verified

Corrected

Enforcement History (CHARMING HOUSE II (THE)--0014105)

Date: 11/27/2021

SOD #5O5S11

Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: CHESAPEAKE ADULT FAMILY HOME (0017771)

Address: 6618 CHESAPEAKE RD, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 9/19/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: Christopher House LLC (0019190)

Address: 1351 DEANE BLVD, Racine, WI 534055035

License Status: REGULAR

Licensed/Certified/Registered 11/2/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141270 **End Date:** 11/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: Com4rt LoveNcare AFH LLC (0019390)

Address: 4300 Maryland Ave, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 3/8/2023 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC RUBY HOUSE II (0012635)

Address: 3908 RUBY AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 12/18/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC VICTORY HOUSE I (0013129)

Address: 3744 DOUGLAS AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 2/8/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0133050 **End Date:** 3/25/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COMMUNITY PATHWAYS LLC VICTORY HOUSE II (0013694)

Address: 3736 DOUGLAS AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 5/5/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138122 **End Date:** 12/23/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COMMUNITY PATHWAYS RUBY HOUSE I (0012402)

Address: 3906 RUBY AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 6/2/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138770 **End Date:** 2/18/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COMMUNITY TIES (0013714)

Address: 3622 SOUTHWOOD DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 6/30/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138188 **End Date:** 9/20/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #9PYO14 Served 1/7/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(1)	LICENSING ADMINISTRATION		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.09(1)(d)10	MEDICATION RECORDS		
88.09(1)(d)7	RESIDENT RECORD-MEDICAL EXAMINATIONS		
88.10(3)(q)	MEDICATIONS		

Enforcement History (COMMUNITY TIES--0013714)

Date: 1/7/2022 **SOD #9PYO14** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COMPASSIONET & CARE 1 (0013232)

Address: 433 GRAHAM ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 5/18/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: COMPASSIONET & CARE LLC II (0013655)

Address: 1400 S WISCONSIN AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 3/31/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134518 **End Date:** 8/12/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (COMPASSIONET & CARE LLC II--0013655)

Date Complaint Received: 2/19/2020

Date Investigation Completed: 8/12/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COUNTRY MEADOWS FAMILY CARE LLC (0013311)

Address: 4125 16TH ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 6/24/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: COZY AURORA ADULT FAMILY HOME LLC (0017125)

Address: 2719 MARYLAND AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 7/25/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141858 **End Date:** 8/2/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #DOTQ11 Served 1/20/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	3/22/23	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT	3/22/23	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DAVIS PLACE (0013014)

Address: 1009 DAVIS PL, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/14/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DELAMERES PLACE TO CALL HOME AFGH LLC (0017114)

Address: 1021 DELAMERE AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 4/17/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141509 **End Date:** 6/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #PO0311 Served 12/15/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		

Enforcement History (DELAMERES PLACE TO CALL HOME AFGH LLC--0017114)

Date: 12/6/2022 **SOD #**PO0311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (DELAMERES PLACE TO CALL HOME AFGH LLC--0017114)

Date Complaint Received: 3/8/2022

Date Investigation Completed: 6/22/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
SUBSTANTIATED
NOT SUBSTANTIATED

SOD #
PO0311

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DESTINY ADULT FAMILY HOME I (0009607)

Address: 2419 JEAN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 4/9/2002 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135040 **End Date:** 10/14/2020 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Q93K11 Served 10/29/2020

Deficiencies Cited
88.03(8)(a)

Subject Area
MONITORING OF HOME

Compliance
Verified
12/13/20

Corrected
Yes

Enforcement History (DESTINY ADULT FAMILY HOME I--0009607)

Date: 10/29/2020 **SOD #**Q93K11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DESTINY ADULT FAMILY HOME II (0010067)

Address: 1009 MAYFAIR DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 4/21/2003 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DESTINY ADULT FAMILY HOME III (0012075)

Address: 1011 MAYFAIR DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 10/3/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DESTINY ADULT FAMILY HOMES V (0015604)

Address: 2301 ROMAYNE AVE UPPER, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 6/4/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137279 **End Date:** 9/13/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (DESTINY ADULT FAMILY HOMES V--0015604)

Date Complaint Received: 5/12/2021

Date Investigation Completed: 9/13/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DESTINY AFH LLC IV (0013920)

Address: 2301 ROMAYNE AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 1/19/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138440 **End Date:** 9/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KUCV11 Served 1/24/2022

Deficiencies Cited

88.03(2)(b)2

88.05(2)

88.06(3)(d)

Subject Area

PROGRAM STATEMENT

ACCESS TO HOME AND WITHIN THE HOME

INDIVIDUAL SERVICE PLAN

Compliance

Verified

Corrected

Survey ID: 0136391 **End Date:** 2/25/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (DESTINY AFH LLC IV--0013920)

Date: 1/23/2022

SOD #KUCV11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: DIVINE LIVING (0018019)

Address: 817 ROMAYNE AVENUE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 5/6/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142179 **End Date:** 11/22/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N8VZ11 Served 2/15/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(2)(a)	SERVICE PROVIDER RECORD		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0133683 **End Date:** 5/7/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: EUPHORIA ADULT FAMILY HOME LLC (0018876)

Address: 2332 GILSON ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/2/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139483 **End Date:** 5/2/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: EXCEL FOUR (0015035)

Address: 139 OHIO STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 4/22/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: EXCEL R3 (0016698)

Address: 2019 GREEN ST LOWER, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 11/27/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138989 **End Date:** 11/8/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #38CK11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.05(3)(a)	HOME ENVIRONMENT		
88.06(3)(f)	REVIEW OF ISP		

Enforcement History (EXCEL R3--0016698)

Date: 3/19/2022 **SOD #**38CK11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: EXCEL SIX (0015750)

Address: 2040 CASE AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 1/21/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: EXCEL (0012795)

Address: 2220 SUMMIT AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 6/25/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134506 **End Date:** 8/13/2020 **Type:** OTHER **Purpose:** OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134406 **End Date:** 3/3/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (EXCEL--0012795)

Date Complaint Received: 2/25/2020

Date Investigation Completed: 8/13/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: FAITH COMMUNITY ADULT GROUP HOME (0014776)
Address: 5025 MARYLAND AVE, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 9/25/2013 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138676 **End Date:** 11/18/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136545 **End Date:** 3/24/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #YIUX11 Served 6/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(n)2	CLEAN BEDDING AND LINENS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.09(1)(a)	RESIDENT RECORDS		

Enforcement History (FAITH COMMUNITY ADULT GROUP HOME--0014776)

Date: 6/21/2021 **SOD #**YIUX11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (FAITH COMMUNITY ADULT GROUP HOME--0014776)

Date Complaint Received: 9/1/2021

Date Investigation Completed: 11/18/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 3/8/2021

Date Investigation Completed: 3/24/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

YIUX11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: FAITH GROUP HOME (0013990)

Address: 3317 OAKWOOD DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 1/19/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136467 **End Date:** 5/4/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DYLJ12 Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		
88.06(3)(f)	REVIEW OF ISP		
88.10(3)(e)	SELF-DIRECTION		

Enforcement History (FAITH GROUP HOME--0013990)

Date: 6/15/2021 **SOD #**DYLJ12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (FAITH GROUP HOME--0013990)

Date Complaint Received: 4/22/2021

Date Investigation Completed: 5/4/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 3/22/2021

Date Investigation Completed: 5/4/2021

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: FORGET ME NOT II AFH LLC (0018171)

Address: 3342 SOUTHWOOD DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 8/20/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134720 **End Date:** 8/20/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: FORGET ME NOT (0016613)

Address: 1426 CARLISLE AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 5/25/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138162 **End Date:** 11/16/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GIFTED HANDS ADULT LIVING FACILITIES LLC (0018102)

Address: 1556 KEARNEY AVENUE LOWER, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 5/26/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0133797 **End Date:** 5/26/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GOLDEN AGE CARE (1743) (0014855)

Address: 1743 SPRING STREET, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/26/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GOLDEN AGE CARE (1745) (0014856)

Address: 1745 SPRING STREET, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 11/26/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141476 **End Date:** 11/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GOLDEN AGE CARE 1663 (0015594)

Address: 1663 Village Drive, Racine, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 8/19/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138372 **End Date:** 9/2/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #3POD11 Served 1/19/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		

Enforcement History (GOLDEN AGE CARE 1663--0015594)

Date: 1/19/2022 **SOD #**3POD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GOOD LIFE AT HOME (0017728)

Address: 2424 LORAIN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/12/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141813 **End Date:** 12/28/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141582 **End Date:** 6/21/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M0H813 Served 12/13/2022

Deficiencies Cited

88.03(5)(e)1

88.04(2)(b)

88.07(2)(a)

88.10(3)(a)

Subject Area

SIGNIFICANT CHANGE TO THE RESIDENT

AWAKE STAFF FOR CONTINUOUS CARE

SERVICES

FAIR TREATMENT

Compliance
Verified

Corrected

Survey ID: 0140298 **End Date:** 6/10/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0138991 **End Date:** 11/24/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M0H812

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	6/9/22	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/9/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	6/9/22	Yes
88.10(3)(a)	FAIR TREATMENT	6/21/22	No

Survey ID: 0136965 **End Date:** 6/25/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #M0H811 Served 8/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.05(3)(a)	HOME ENVIRONMENT	11/24/21	Yes
88.05(3)(g)	WINDOWS AND VENTILATION	11/24/21	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	11/24/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	11/24/21	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	11/24/21	No
88.10(3)(b)	PRIVACY	11/24/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (GOOD LIFE AT HOME--0017728)

Date: 12/13/2022 **SOD #**M0H813 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 3/19/2022 **SOD #**M0H812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 8/11/2021 **SOD #**M0H811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (GOOD LIFE AT HOME--0017728)

Date Complaint Received: 11/30/2022

Date Investigation Completed: 12/28/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 5/17/2022

Date Investigation Completed: 6/21/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS
RESIDENT RIGHTS
RESIDENT RIGHTS

SUBSTANTIATED
SUBSTANTIATED
SUBSTANTIATED

M0H813
M0H813
M0H813

Date Complaint Received: 3/22/2022

Date Investigation Completed: 6/10/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 5/13/2021

Date Investigation Completed: 6/25/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 1/15/2021

Date Investigation Completed: 6/25/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GOOD LIFE AT HOME (0017982)

Address: 2301 WILLIAM STREET, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 8/20/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140104 **End Date:** 2/24/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #ONUY12 Served 7/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		

Survey ID: 0138006 **End Date:** 11/2/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #0NUY11 Served 12/20/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	2/24/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	2/24/22	Yes
88.06(3)(f)	REVIEW OF ISP	2/24/22	Yes
88.07(2)(a)	SERVICES	2/24/22	Yes
88.07(3)(e)1	MEDICATION- RECORD KEEPING	2/24/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

88.09(1)(a)

RESIDENT RECORDS

2/24/22

Yes

Survey ID: 0134709 **End Date:** 8/20/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (GOOD LIFE AT HOME--0017982)

Date: 7/13/2022 **SOD #**0NUY12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 12/17/2021 **SOD #**0NUY11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (GOOD LIFE AT HOME--0017982)

Date Complaint Received: 1/18/2022 **Date Investigation Completed:** 2/24/2022

Subject Area(s)

STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/14/2021

Date Investigation Completed: 11/1/2021

Subject Area(s)

PROGRAM SERVICES

Result

SUBSTANTIATED

SOD #

0NUY11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GRACEFUL HANDS ADULT FAMILY HOME LLC (0018846)

Address: 1700 WEST LAWN AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 3/1/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138886 **End Date:** 3/1/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GUARDIAN ANGEL HOMES 2 LLC (0019288)

Address: 2110 HARRIET ST, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 12/16/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141657 **End Date:** 12/16/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: GUARDIAN ANGEL HOMES 2 LLC (0019294)

Address: 1901 MOUNT PLEASANT ST, RACINE, WI 534042236

License Status: REGULAR

Licensed/Certified/Registered 12/13/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141612 **End Date:** 12/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HEALING HANDZ (0016644)

Address: 3023 GILSON STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 6/16/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141587 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LQSQ12 Served 12/13/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS		

Survey ID: 0138599 **End Date:** 2/2/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #LQSQ11 Served 2/3/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(4)(b)	RENEWAL REQUIREMENTS	11/2/22	No
88.04(2)(a)	RESPONSIBILITIES		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0135248 End Date: 7/8/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #K0YC11

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS		
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(d)	INDIVIDUAL SERVICE PLAN		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		
88.09(1)(a)	RESIDENT RECORDS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (HEALING HANDZ--0016644)

Date: 12/13/2022 **SOD #**LQSQ12 **Appealed:** No

Sanctions

REVOKE LICENSE
NNAO EXTENDED

Date: 2/3/2022 **SOD #**LQSQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 12/6/2020 **SOD #**K0YC11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Date: 2/27/2020 **SOD #**0GIN11 **Appealed:** No

Sanctions

OTHER SANCTION

Complaint History (HEALING HANDZ--0016644)

Date Complaint Received: 6/12/2020

Date Investigation Completed: 7/8/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

SUBSTANTIATED

K0YC11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

K0YC11

RESIDENT RIGHTS

SUBSTANTIATED

K0YC11

STAFF TRAINING AND PROFICIENCY

SUBSTANTIATED

K0YC11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HEART OF LOVE HOMECARE (0018779)

Address: 2125 ROMAYNE AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 6/9/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139881 **End Date:** 6/9/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HELPING HANDS ASSISTED LIVING LLC (0018697)

Address: 2624 19th STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 12/23/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138458 **End Date:** 12/22/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HERITAGE HOMES LIVING LLC (0015046)

Address: 3711 LATHROP AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 5/28/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134658 **End Date:** 8/12/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HOME OF HFL LLC (0016341)

Address: 4119 LASALLE STREET, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 1/30/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139771 **End Date:** 1/21/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #714W12 Served 6/6/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0137789 **End Date:** 10/22/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #714W11 Served 11/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	1/21/22	No
88.05(3)(e)2	HEATING SYSTEM INSPECTIONS	1/21/22	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	1/21/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (HOME OF HFL LLC--0016341)

Date: 6/8/2022 **SOD #**714W12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/17/2021 **SOD #**714W11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HOMEWOOD ADULT FAMILY HOME LLC (0015517)
Address: 3339 MONARCH DRIVE, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 4/8/2015 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142143 **End Date:** 2/3/2023 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135992 **End Date:** 3/12/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134570 **End Date:** 8/14/2020 **Type:** STANDARD **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (HOMEWOOD ADULT FAMILY HOME LLC--0015517)

Date Complaint Received: 12/21/2022

Date Investigation Completed: 2/3/2023

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/9/2021

Date Investigation Completed: 3/12/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HOPE AWAY FROM HOME (0014727)

Address: 3100 BARBARA DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 9/23/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138514 **End Date:** 8/24/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Y6CO11 Served 1/28/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.06(3)(d)1	DESCRIPTION OF SERVICES		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.08	TERMINATION OF PLACEMENT		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0133220 **End Date:** 4/16/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (HOPE AWAY FROM HOME--0014727)

Date: 1/28/2022 **SOD #**Y6CO11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HOPE AWAY FROM HOME--0014727)

Date Complaint Received: 7/30/2021

Date Investigation Completed: 8/24/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

SUBSTANTIATED

Y6CO11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HOUSE OF ABUNDANCE LLC (0019135)

Address: 6925 WILLOWBROOK RD, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 9/13/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140804 **End Date:** 9/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HOUSE OF FAITH HOPE LOVE 2 (0016501)

Address: 2826 ORCHARD ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 9/20/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138839 **End Date:** 10/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XUB111 Served 3/1/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		
88.10(3)(q)	MEDICATIONS		

Enforcement History (HOUSE OF FAITH HOPE LOVE 2--0016501)

Date: 3/1/2022 **SOD #**XUB111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HOUSE OF LOVE LLC ADULT FAMILY HOME (0016121)

Address: 1518 HARMONY DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 6/20/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138184 **End Date:** 11/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: HUNTING FOR MORE LOVE (0016649)

Address: 6 MCKINLEY AVENUE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 8/9/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138384 **End Date:** 9/21/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #N76712 Served 1/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS	1/20/22	Waiver

Survey ID: 0136576 **End Date:** 3/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N76711 Served 6/24/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES		
88.06(2)(a)	ADMISSION-HEALTH EXAM		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (HUNTING FOR MORE LOVE--0016649)

Date: 1/20/2022 **SOD #**N76712 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 6/24/2021 **SOD #**N76711 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (HUNTING FOR MORE LOVE--0016649)

Date Complaint Received: 2/18/2021 **Date Investigation Completed:** 3/30/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/10/2021 **Date Investigation Completed:** 3/30/2021

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: INDEPENDENT MOVEMENT (0015466)

Address: 1329 KEWAUNEE STREET, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 1/21/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: INTEGRITY OF CARE AFH LLC (0018647)

Address: 1353 VIRGINIA ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 3/14/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139367 **End Date:** 3/10/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: IVYS PLACE (0016617)

Address: 1429 OREGON STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 6/6/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141368 **End Date:** 6/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136800 **End Date:** 6/24/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #X6QP11 Served 7/21/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR	6/15/22	Yes
88.05(5)	TELEPHONE	6/15/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	6/15/22	Yes
88.10(3)(q)	MEDICATIONS	6/15/22	Yes

Enforcement History (IVYS PLACE--0016617)

Date: 7/21/2021 **SOD #**X6QP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (IVYS PLACE--0016617)

Date Complaint Received: 1/31/2022

Date Investigation Completed: 6/17/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/22/2021

Date Investigation Completed: 6/24/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

X6QP11

RESIDENT RIGHTS

SUBSTANTIATED

X6QP11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: K&D ADULT FAMILY HOME LLC (0012674)

Address: 2519 LORAIN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/1/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: K&D ADULT FAMILY HOMES LLC II (0013176)

Address: 3707 10TH AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 2/23/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134746 **End Date:** 9/1/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: K&D AFH LLC 3 (0013710)

Address: 3709 10TH AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 7/13/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138791 **End Date:** 10/15/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #8IRI11 Served 2/23/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE		
88.06(2)(c)	SERVICE AGREEMENT REQUIREMENTS		
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.07(3)(e)1	MEDICATION- RECORD KEEPING		

Enforcement History (K&D AFH LLC 3--0013710)

Date: 2/23/2022 **SOD #**8IRI11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: K&D AFH LLC 4 (0016513)

Address: 2627 JEAN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 5/18/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138092 **End Date:** 12/8/2021 **Type:** OTHER **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: KENWOOD KEYS INCORPORATED KENWOOD 2 (0015571)

Address: 2903 KENWOOD DR, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 4/28/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140000 **End Date:** 1/10/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #E2ID11 Served 6/30/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.05(4)(c)1	EXITING FROM THE FIRST FLOOR		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.09(2)(a)8	TRAINING DOCUMENTATION		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (KENWOOD KEYS INCORPORATED KENWOOD 2--0015571)

Date: 6/30/2022 SOD #E2ID11 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Complaint History (KENWOOD KEYS INCORPORATED KENWOOD 2--0015571)

Date Complaint Received: 12/28/2021 Date Investigation Completed: 1/10/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: KIND CARE LLC (0016364)

Address: 1901 SATURN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/13/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139755 **End Date:** 1/18/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #42W211 Served 6/20/2022

Deficiencies Cited
88.05(3)(n)2

Subject Area
CLEAN BEDDING AND LINENS

Compliance
Verified
7/19/22

Corrected

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: KINZIE PLACE (0012747)

Address: 4618 KINZIE AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 4/27/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142140 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140580 **End Date:** 4/22/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #UY7Y11 Served 8/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(3)(b)	COMPLETE BACKGROUND CHECK PROCESS	1/31/23	Yes
88.04(2)(h)	COMPLY WITH OSHA	1/31/23	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	1/31/23	Yes
88.05(3)(b)	FREE OF HAZARDS	1/31/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	1/31/23	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (KINZIE PLACE--0012747)

Date: 8/27/2022 **SOD #**UY7Y11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: KINZIE WAY LLC (0017042)

Address: 3900 KNOLL PLACE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/22/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141880 **End Date:** 7/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #VTOB11 Served 1/18/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(g)	WINDOWS AND VENTILATION		
88.09(1)(a)	RESIDENT RECORDS		

Enforcement History (KINZIE WAY LLC--0017042)

Date: 1/18/2023 **SOD #**VTOB11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (KINZIE WAY LLC--0017042)

Date Complaint Received: 5/6/2022

Date Investigation Completed: 7/13/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: KNOLL PLACE (0011487)

Address: 3800 KNOLL PL, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/3/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140312 **End Date:** 5/6/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (KNOLL PLACE--0011487)

Date Complaint Received: 1/20/2022

Date Investigation Completed: 5/6/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: Liberty Willows Adult Family Home LLC #2 (0018447)

Address: 1828 Holmes Ave, Racine, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 6/29/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136926 **End Date:** 6/29/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: Liberty Willows Adult Family Home LLC #3 (0018446)

Address: 628 North St, Racine, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 6/29/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139624 **End Date:** 5/6/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136925 **End Date:** 6/29/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (Liberty Willows Adult Family Home LLC #3--0018446)

Date Complaint Received: 4/20/2022

Date Investigation Completed: 5/6/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LIBERTY WILLOWS ADULT FAMILY HOME LLC (0016800)

Address: 1824 HOLMES AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/17/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135812 **End Date:** 2/16/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BXS312 Served 3/19/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.05(3)(e)1	HEATING SYSTEM REQUIREMENTS		
88.07(2)(b)1	SUPERVISNG & ASSISTING WITH ADLS		

Survey ID: 0135708 **End Date:** 2/11/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135072 **End Date:** 10/27/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BXS311 Served 11/5/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(1)(a)	RESIDENT CARE-GENERAL REQUIREMENTS	2/11/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0134520 **End Date:** 3/17/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #SSIG11 Served 8/18/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(f)	CONDITION WHICH REPRESENTS RISK OR HARM	3/18/20	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	4/7/20	
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	4/7/20	Yes

Enforcement History (LIBERTY WILLOWS ADULT FAMILY HOME LLC--0016800)

Date: 3/17/2021 **SOD #**BXS312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 11/5/2020 **SOD #**BXS311 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (LIBERTY WILLOWS ADULT FAMILY HOME LLC--0016800)

Date Complaint Received: 12/30/2020 **Date Investigation Completed:** 2/10/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	SUBSTANTIATED	BXS312

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 1 (0010694)

Address: 3620 SOVEREIGN DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/8/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135403 **End Date:** 12/15/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0133099 **End Date:** 3/30/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIFESTYLE ADULT FAMILY HOME 1--0010694)

Date Complaint Received: 11/25/2020

Date Investigation Completed: 12/15/2020

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 2 (0013686)

Address: 3628 SOVEREIGN DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 4/4/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 3 (0013861)

Address: 3614 SOVEREIGN DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 11/23/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 4 (0014696)

Address: 3616 SOVEREIGN DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 7/11/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LIFESTYLE ADULT FAMILY HOME 5 (0014939)

Address: 5224 ADMIRALTY DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 3/10/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134873 **End Date:** 9/16/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (LIFESTYLE ADULT FAMILY HOME 5--0014939)

Date Complaint Received: 3/11/2020

Date Investigation Completed: 9/15/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LILAC HOME (0017643)

Address: 141 DAVIDSON DR, RACINE, WI 53105

License Status: REGULAR

Licensed/Certified/Registered 8/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVE N COMFORT GROUP HOME (0016423)

Address: 1001 CENTER ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 2/28/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139977 **End Date:** 6/15/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVE OF CARING LLC DAISY AFH (0016012)
Address: 2214 WILLIAM STREET, RACINE, WI 53406
License Status: REGULAR
Licensed/Certified/Registered 12/6/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141816 **End Date:** 9/2/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #Z9PK11 Served 1/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.09(1)(d)	RESIDENT RECORDS REQUIREMENTS		
88.10(3)(g)	CLOTHING AND POSSESSIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Survey ID: 0135364 **End Date:** 12/10/2020 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0134972 End Date: 9/15/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GXMO11 Served 10/14/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
88.04(2)(g)2	COMMUNICABLE DISEASE	12/10/20	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	12/10/20	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	12/10/20	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/10/20	Yes
88.06(3)(f)	REVIEW OF ISP	12/10/20	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/10/20	Yes

Enforcement History (LOVE OF CARING LLC DAISY AFH--0016012)

Date: 1/13/2023 SOD #Z9PK11 Appealed: No

Sanctions

ORDER TO COMPLY

Date: 10/14/2020 SOD #GXMO11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
OTHER SANCTION

Complaint History (LOVE OF CARING LLC DAISY AFH--0016012)

Date Complaint Received: 1/7/2022

Date Investigation Completed: 9/2/2022

Subject Area(s)

ADMINISTRATION
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVE OF CARING LLC TULIP AFH (0016015)
Address: 1834 13TH STREET, RACINE, WI 53403
License Status: REGULAR
Licensed/Certified/Registered 12/6/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136482 **End Date:** 3/9/2021 **Type:** STANDARD **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BTW812 Served 6/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(b)	FREE OF HAZARDS		

Survey ID: 0135468 **End Date:** 11/13/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BTW811 Served 1/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/2/21	No
88.05(3)(b)	FREE OF HAZARDS	3/2/21	No
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/2/21	Yes
88.06(1)(e)	INFORMATION TO DETERMINE SERVICES	3/2/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/2/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

88.07(4)(d)	MEALS IN DINING AREA	3/2/21	Yes
88.10(3)(q)	MEDICATIONS	3/2/21	Yes

Enforcement History (LOVE OF CARING LLC TULIP AFH--0016015)

Date: 6/15/2021 **SOD #**BTW812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 1/21/2021 **SOD #**BTW811 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Complaint History (LOVE OF CARING LLC TULIP AFH--0016015)

Date Complaint Received: 1/27/2021 **Date Investigation Completed:** 3/9/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	

Date Complaint Received: 10/2/2020 **Date Investigation Completed:** 11/13/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PHYSICAL ENVIRONMENT/SAFETY	SUBSTANTIATED	BTW811
PROGRAM SERVICES	SUBSTANTIATED	BTW811

Date Complaint Received: 3/9/2020 **Date Investigation Completed:** 11/13/2020

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVE OF CARING LLC (0013582)

Address: 101 HOWLAND AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 11/14/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134598 **End Date:** 8/18/2020 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LOVE OF CARING LLC--0013582)

Date: 5/22/2020 **SOD #** NWRP11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

Complaint History (LOVE OF CARING LLC--0013582)

Date Complaint Received: 5/18/2020

Date Investigation Completed: 8/18/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
RESIDENT RIGHTS

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVE OF CARING LLC (0014227)

Address: 1638 ECHO LN, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/16/2012 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

Enforcement History (LOVE OF CARING LLC--0014227)

Date: 4/3/2020

SOD #WYRL11

Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVE TO REMEMBER LLC (0017342)

Address: 826 PARK AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 4/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140111 **End Date:** 6/29/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138541 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GYR211 Served 1/31/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

Survey ID: 0136491 **End Date:** 6/3/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (LOVE TO REMEMBER LLC--0017342)

Date: 1/31/2022 **SOD #**GYR211 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (LOVE TO REMEMBER LLC--0017342)

Date Complaint Received: 12/21/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 2/24/2023

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/25/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 6/29/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/15/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 6/3/2021

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: LOVING HANDS GMG (0018715)

Address: 1631 GRAND AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 11/18/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137866 **End Date:** 11/18/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MANHATTAN HOME ADULT FAMILY GROUP HOME (0015455)

Address: 4140 MANHATTAN DRIVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 12/8/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137865 **End Date:** 10/28/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #F3PY11 Served 12/1/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (MANHATTAN HOME ADULT FAMILY GROUP HOME--0015455)

Date: 11/30/2021 **SOD #**F3PY11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MANNA HOUSE (THE) (0012956)

Address: 2400 KINZIE AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 12/17/2009 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142438 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #N0JQ13 Served 3/13/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS		
88.04(2)(a)	RESPONSIBILITIES		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(d)2.a	FIRE SAFETY EVACUATION PLAN REVIEW		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.06(2)(a)	ADMISSION-HEALTH EXAM		
88.06(3)(c)	ASSESSMENT IDENTIFY NEEDS & ABILITIES		
88.06(3)(f)	REVIEW OF ISP		
88.07(3)(d)	MEDICATION- WRITTEN ORDER		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MARINAS GROUP HOME (0015330)

Address: 5140 KINGS CIRCLE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 10/30/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138542 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #TN4Q11 Served 1/31/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

Survey ID: 0139285 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #HP0P11 Served 4/18/2022

Deficiencies Cited
88.03(5)(e)2
88.04(2)(f)

Subject Area
DEATH DUE TO INCIDENT OR ACCIDENT
CONDITION WHICH REPRESENTS RISK OR
HARM

Compliance
Verified

Corrected

Survey ID: 0137299 **End Date:** 3/29/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (MARINAS GROUP HOME--0015330)

Date: 4/18/2022 **SOD #**HP0P11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/31/2022 **SOD #**TN4Q11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 4/5/2020 **SOD #**XHSQ11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

Complaint History (MARINAS GROUP HOME--0015330)

Date Complaint Received: 11/30/2021 **Date Investigation Completed:** 1/5/2022

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

HP0P11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MARSHAS ADULT FAMILY HOME LLC (0017773)

Address: 3121 KEARNEY AVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 8/8/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141934 **End Date:** 8/30/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BMV412 Served 1/25/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		

Survey ID: 0137423 **End Date:** 9/20/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #BMV411 Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	8/24/22	No
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	8/29/22	Yes
88.09(2)(c)	LOCATION AND RETENTION PERIOD	8/29/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (MARSHAS ADULT FAMILY HOME LLC--0017773)

Date: 1/25/2023

SOD #BMV412

Appealed: No

Sanctions

ORDER TO COMPLY

Complaint History (MARSHAS ADULT FAMILY HOME LLC--0017773)

Date Complaint Received: 5/26/2021

Date Investigation Completed: 9/20/2021

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MEMORRIES OF THE HEART LLC (0018682)

Address: 1945 CENTER STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 12/1/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137952 **End Date:** 12/1/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: MERCY AND GRACE ADULT FAMILY HOME LLC (0018959)

Address: 1308 MICHIGAN BLVD, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 7/27/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140415 **End Date:** 7/27/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MIL FAMILY CARE LLC (0015580)

Address: 2023 GILLEN STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 1/15/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142338 **End Date:** 10/12/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #BUHC11 Served 3/2/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.04(2)(g)1	HEALTH SCREENING FOR STAFF		
88.05(2)(a)	DIFFICULTY WALKING		
88.05(3)(a)	HOME ENVIRONMENT		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (MIL FAMILY CARE LLC--0015580)

Date Complaint Received: 9/14/2022

Date Investigation Completed: 10/12/2022

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: MOUNT PLEASANT HOMES LLP (0016430)

Address: 1917 MOUNT PLEASANT ST, RACINE, WI 534042628

License Status: REGULAR

Licensed/Certified/Registered 2/23/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140218 **End Date:** 1/3/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137440 **End Date:** 9/17/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #GPGK11 Served 10/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE	1/3/22	Yes
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION	1/3/22	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	1/3/22	Yes

Enforcement History (MOUNT PLEASANT HOMES LLP--0016430)

Date: 10/11/2021 **SOD #**GPGK11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: MOUNT PLEASANT HOMES LLP (0018473)

Address: 1826 SAINT PATRICK STREET, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 6/8/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136435 **End Date:** 6/7/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: Mount Pleasant Homes LLP (0019056)

Address: 827 3 Mile Road, Racine, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 8/17/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140741 **End Date:** 8/17/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NEW VISION ADULT FAMILY HOME LLC (0011964)

Address: 7931 DANIEL CT, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 5/11/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141389 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141692 **End Date:** 7/27/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #U99111 Served 12/27/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(bb)	DETERMINE FINAL DISPOSITION OF CHARGE		
88.04(2)(b)	AWAKE STAFF FOR CONTINUOUS CARE		
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.10(3)(e)	SELF-DIRECTION		

Survey ID: 0135061 **End Date:** 10/28/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (NEW VISION ADULT FAMILY HOME LLC--0011964)

Date: 12/27/2022 **SOD #**U99111 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

Complaint History (NEW VISION ADULT FAMILY HOME LLC--0011964)

Date Complaint Received: 11/3/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/23/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 10/15/2020

Date Investigation Completed: 10/26/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NEW WAY ADULT FAMILY HOME #1 (0018155)

Address: 1852 WOODLAND AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 7/1/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141052 **End Date:** 6/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137298 **End Date:** 9/14/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136454 **End Date:** 4/8/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DKL12 Served 6/14/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(2)(a)	ADMISSION-HEALTH EXAM	9/14/21	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	9/14/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0135483 **End Date:** 1/14/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5DKL11 Served 1/26/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
50.065(4m)(b)intro	CAREGIVER HIRING AND CONTRACTING PROCESS	4/8/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	4/8/21	No
88.07(3)(d)	MEDICATION- WRITTEN ORDER	4/8/21	No

Survey ID: 0134236 **End Date:** 6/30/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEW WAY ADULT FAMILY HOME #1--0018155)

Date: 6/14/2021 **SOD #**5DKL12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 1/26/2021 **SOD #**5DKL11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (NEW WAY ADULT FAMILY HOME #1--0018155)

Date Complaint Received: 4/20/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 6/21/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/7/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 6/21/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/14/2022

Subject Area(s)

ADMINISTRATION

Date Investigation Completed: 6/21/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 12/9/2020

Subject Area(s)

PROGRAM SERVICES

Date Investigation Completed: 1/14/2021

Result

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NEW WAY OF LIVING ADULT FAMILY HOME #2 (0018839)

Address: 4114 ST CLAIR STREET, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 3/28/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141346 **End Date:** 6/9/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #1P1F11 Served 11/14/2022

Deficiencies Cited
88.03(5)(e)1

Subject Area
SIGNIFICANT CHANGE TO THE RESIDENT

Compliance
Verified

Corrected

Survey ID: 0139554 **End Date:** 3/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Enforcement History (NEW WAY OF LIVING ADULT FAMILY HOME #2--0018839)

Date: 11/14/2022 **SOD #**1P1F11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (NEW WAY OF LIVING ADULT FAMILY HOME #2--0018839)

Date Complaint Received: 6/2/2022

Date Investigation Completed: 6/9/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

1P1F11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NEW WAY OF LIVING ADULT FAMILY HOME (0017992)

Address: 221 CHICAGO STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 2/27/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0134867 **End Date:** 9/3/2020 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0132860 **End Date:** 2/27/2020 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (NEW WAY OF LIVING ADULT FAMILY HOME--0017992)

Date Complaint Received: 8/3/2020

Date Investigation Completed: 9/2/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NURTURING HANDS ADULT LIVING HOME LLC (0019058)

Address: 2224 JEROME BLVD, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 7/18/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140397 **End Date:** 7/18/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NURTURING HANDS ADULT LIVING HOMES II LLC (0019337)

Address: 2039 Indiana St, Racine, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 12/15/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141635 **End Date:** 12/15/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: NURTURING ON VILLA (0018869)

Address: 1432 VILLA ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/24/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139648 **End Date:** 5/24/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OHIO ST FAMILY HOME (0010007)

Address: 1223 OHIO ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 3/1/2004 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OLIVER ADULT FAMILY HOME (0012467)

Address: 4845 NATURE TRAIL, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 8/21/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138099 **End Date:** 12/10/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC GREAT ELMS (0016387)

Address: 3519 GREAT ELMS LN, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 11/10/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141709 **End Date:** 12/23/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138491 **End Date:** 9/29/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76SB12 Served 1/26/2022

Deficiencies Cited

88.04(2)(a)

88.06(3)(d)2

88.06(3)(f)

Subject Area

RESPONSIBILITIES

LEVEL OF SUPERVISION

REVIEW OF ISP

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0136766 End Date: 6/23/2021 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #76SB11 Served 7/16/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT		
88.06(3)(d)2	LEVEL OF SUPERVISION		
88.07(2)(c)	SERVICES DETERMINED BY ALL INVOLVED		

Survey ID: 0135070 End Date: 10/15/2020 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (OPEN ARMS 20 LLC GREAT ELMS--0016387)

Date: 2/2/2022 SOD #76SB12 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 7/16/2021 SOD #76SB11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (OPEN ARMS 20 LLC GREAT ELMS--0016387)

Date Complaint Received: 10/7/2022

Date Investigation Completed: 12/23/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 4/27/2021

Date Investigation Completed: 6/23/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

SUBSTANTIATED

76SB11

Date Complaint Received: 9/24/2020

Date Investigation Completed: 10/15/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 6/24/2020

Date Investigation Completed: 10/15/2020

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC TAYLOR (0016388)

Address: 3200 TAYLOR AVE, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 11/9/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141962 **End Date:** 10/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #WNWD11 Served 1/30/2023

Deficiencies Cited
88.06(3)(f)

Subject Area
REVIEW OF ISP

Compliance
Verified

Corrected

Enforcement History (OPEN ARMS 20 LLC TAYLOR--0016388)

Date: 1/30/2023 **SOD #**WNWD11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (OPEN ARMS 20 LLC TAYLOR--0016388)

Date Complaint Received: 9/30/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 8/1/2022

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 12/14/2021

Date Investigation Completed: 10/13/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS 20 LLC (0016257)

Address: 1621 VIRGINIA ST, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 8/15/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136653 **End Date:** 6/21/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134742 **End Date:** 8/27/2020 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS 20 LLC--0016257)

Date Complaint Received: 6/1/2021

Date Investigation Completed: 6/21/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 6/15/2020

Date Investigation Completed: 8/27/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017153)

Address: 3240 WHEELLOCK, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 6/21/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141650 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #3NRX11 Served 12/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.09(1)(d)8	RESIDENT RECORD-ISP	2/3/23	Yes

Survey ID: 0141183 **End Date:** 4/22/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #Q2EB11 Served 10/31/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	12/15/22	Yes
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/15/22	Yes
88.07(3)(d)	MEDICATION- WRITTEN ORDER	12/15/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (OPEN ARMS ASSISTED LIVING--0017153)

Date Complaint Received: 5/17/2022

Date Investigation Completed: 10/26/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 2/4/2022

Date Investigation Completed: 4/22/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017292)

Address: 5422 WESTMORE DR, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 9/24/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140768 **End Date:** 9/2/2022 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134880 **End Date:** 9/15/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS ASSISTED LIVING--0017292)

Date Complaint Received: 8/17/2022

Date Investigation Completed: 9/2/2022

Subject Area(s)

Result

SOD #

ADMINISTRATION
PROGRAM SERVICES

NOT SUBSTANTIATED
NOT SUBSTANTIATED

Date Complaint Received: 6/24/2020

Date Investigation Completed: 9/15/2020

Subject Area(s)

Result

SOD #

PHYSICAL ENVIRONMENT/SAFETY

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017826)

Address: 3205 WHEELLOCK DRIVE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 2/6/2020 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141259 **End Date:** 11/3/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS ASSISTED LIVING--0017826)

Date Complaint Received: 2/1/2022

Date Investigation Completed: 11/3/2022

Subject Area(s)
PROGRAM SERVICES

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: OPEN ARMS ASSISTED LIVING (0017894)

Address: 3528 DUCHESS DRIVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 10/30/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139216 **End Date:** 3/2/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (OPEN ARMS ASSISTED LIVING--0017894)

Date Complaint Received: 12/28/2021

Date Investigation Completed: 3/2/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ORCHARD ADULT FAMILY HOME LLC (0016415)

Address: 2114 ORCHARD ST, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 3/2/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139313 **End Date:** 1/5/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P28312 Served 4/20/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(h)3	SPACE IN DINING AREA		
88.10(3)(a)	FAIR TREATMENT		

Survey ID: 0137437 **End Date:** 9/24/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #P28311 Served 10/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	1/3/22	Yes
88.05(3)(a)	HOME ENVIRONMENT	1/3/22	Yes
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	1/3/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Enforcement History (ORCHARD ADULT FAMILY HOME LLC--0016415)

Date: 4/20/2022 **SOD #**P28312 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 10/8/2021 **SOD #**P28311 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: PARADISE HOUSE (0009180)

Address: 3410 STRATFORD AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 1/3/2001 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137832 **End Date:** 7/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5J0G11 Served 11/23/2021

Deficiencies Cited

88.05(3)(a)

88.10(3)(l)

Subject Area

HOME ENVIRONMENT

SAFE PHYSICAL ENVIRONMENT

Compliance

Verified

Corrected

Enforcement History (PARADISE HOUSE--0009180)

Date: 11/23/2021 **SOD #**5J0G11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (PARADISE HOUSE--0009180)

Date Complaint Received: 5/25/2021

Subject Area(s)

ADMINISTRATION
RESIDENT RIGHTS

Date Investigation Completed: 7/29/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 4/1/2021

Subject Area(s)

STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Date Investigation Completed: 7/29/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 3/11/2021

Subject Area(s)

PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 7/29/2021

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Adult Family Home

Facility Information

Facility Name: PHOENIX HOUSE (390092)
Address: 129 SHEFFIELD DR, RACINE, WI 53402
License Status: REGULAR
Licensed/Certified/Registered 5/31/1996 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141614 **End Date:** 12/13/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137428 **End Date:** 6/30/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #DCTZ11 Served 10/7/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(e)	SELF-DIRECTION	11/25/22	Yes

Enforcement History (PHOENIX HOUSE--390092)

Date: 10/7/2021 **SOD #**DCTZ11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (PHOENIX HOUSE--390092)

Date Complaint Received: 6/24/2022

Subject Area(s)

RESIDENT RIGHTS

Date Investigation Completed: 12/13/2022

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 5/25/2021

Subject Area(s)

ADMINISTRATION

RESIDENT RIGHTS

Date Investigation Completed: 6/30/2021

Result

NOT SUBSTANTIATED

NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: PRICELESS TIME ADULT FAMILY HOME IV (0016756)

Address: 1663 RUSSET STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 8/15/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141622 **End Date:** 12/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137135 **End Date:** 8/19/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135251 **End Date:** 11/25/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (PRICELESS TIME ADULT FAMILY HOME IV--0016756)

Date Complaint Received: 3/31/2022

Subject Area(s)
ADMINISTRATION

Date Investigation Completed: 12/2/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/26/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 12/2/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 1/8/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 8/19/2021

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/27/2020

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/25/2020

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: PRICELESS TIME ADULT FAMILY HOME LLC (0015024)

Address: 1819 BLAKE AVENUE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 5/8/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142127 **End Date:** 1/31/2023 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135202 **End Date:** 11/12/2020 **Type:** OTHER **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

88.05(3)(a)

HOME ENVIRONMENT

1/19/23

Yes

Enforcement History (PRICELESS TIME ADULT FAMILY HOME LLC--0015024)

Date: 12/7/2020 **SOD #**HRZX12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (PRICELESS TIME ADULT FAMILY HOME LLC--0015024)

Date Complaint Received: 1/3/2023

Date Investigation Completed: 1/31/2023

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 4/11/2022

Date Investigation Completed: 1/31/2023

Subject Area(s)

Result

SOD #

ADMINISTRATION

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: PRIDE AND JOY ADULT FAMILY GROUP HOME LLC (0016871)

Address: 2807 DONNA AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 1/5/2018 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141170 **End Date:** 10/26/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138943 **End Date:** 11/4/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4CVZ13 Served 3/11/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(b)	FREE OF HAZARDS		
88.07(4)(c)	FOOD PREPARED AND STORED SANITARY WAY		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0136591 **End Date:** 6/17/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4CVZ12 Served 6/25/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT	11/4/21	No

Survey ID: 0135544 **End Date:** 12/17/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #4CVZ11 Served 2/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(3)(b)	CRIMINAL RECORDS CHECK	6/16/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/16/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/16/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/16/21	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	6/16/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/16/21	Yes
88.10(3)(q)	MEDICATIONS	6/16/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (PRIDE AND JOY ADULT FAMILY GROUP HOME LLC--0016871)

Date: 3/11/2022 **SOD #**4CVZ13 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 6/25/2021 **SOD #**4CVZ12 **Appealed:** No

Sanctions

ORDER TO COMPLY

Date: 2/5/2021 **SOD #**4CVZ11 **Appealed:** No

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023
Adult Family Home

Complaint History (PRIDE AND JOY ADULT FAMILY GROUP HOME LLC--0016871)

Date Complaint Received: 10/3/2022

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 10/26/2022

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 10/21/2021

Subject Area(s)
PHYSICAL ENVIRONMENT/SAFETY
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 11/4/2021

Result
SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #
4CVZ13

4CVZ13

Date Complaint Received: 6/1/2021

Subject Area(s)
STAFF TRAINING AND PROFICIENCY

Date Investigation Completed: 6/17/2021

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/23/2021

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Date Investigation Completed: 6/17/2021

Result
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

4CVZ12

Date Complaint Received: 11/27/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 12/17/2020

Result
SUBSTANTIATED

SOD #
4CVZ11

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: QUALITY CARE ADULT FAMILY HOME II (0016090)
Address: 1508 RUSSET ST, RACINE, WI 53405
License Status: REGULAR
Licensed/Certified/Registered 6/30/2016 12:00:00AM
Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140339 **End Date:** 3/16/2022 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #5W0912 Served 8/2/2022

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS		
88.05(3)(e)2.b	INSPECTIONS-GAS FURNACE		
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS		
88.05(4)(d)2.b	FIRE EVACUATION ANNUAL EVALUATION		
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS		
88.07(3)(a)	PRESCRIPTION MEDICATIONS		
88.10(3)(l)	SAFE PHYSICAL ENVIRONMENT		

Enforcement History (QUALITY CARE ADULT FAMILY HOME II--0016090)

Date: 8/2/2022 **SOD #5W0912** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: QUALITY CARE ADULT FAMILY HOME LLC (0015833)

Address: 1916 SATURN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 10/19/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136501 **End Date:** 6/2/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135770 **End Date:** 2/3/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #J9U812 Served 3/12/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(2)(b)intro	ENTITY BACKGROUND CHECK REQUIREMENTS	6/3/21	Yes
88.04(2)(a)	RESPONSIBILITIES	6/3/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	6/3/21	Yes
88.04(5)(a)	TRAINING-15 HOURS WITHIN 6 MONTHS	6/3/21	Yes
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY	6/3/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	6/3/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	6/3/21	Yes
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	6/3/21	Yes
88.06(3)(d)5	SIGNED STATEMENT OF AGREEMENT	6/3/21	Yes
88.07(3)(c)	MEDICATION ASSISTANCE	6/3/21	Yes
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	6/3/21	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (QUALITY CARE ADULT FAMILY HOME LLC--0015833)

Date: 3/11/2021 **SOD #**J9U812 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

ORDER TO COMPLY

Complaint History (QUALITY CARE ADULT FAMILY HOME LLC--0015833)

Date Complaint Received: 12/14/2020

Date Investigation Completed: 2/3/2021

Subject Area(s)

RESIDENT RIGHTS

Result

SUBSTANTIATED

SOD #

J9U812

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: R JOHNSON HERITAGE HOMES (0013736)

Address: 1209 NEWMAN RD, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 5/13/2011 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOME LLC (0016563)

Address: 1901 FAIRVIEW TERRACE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 5/1/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0142248 **End Date:** 1/19/2023 **Type:** OTHER **Purpose:** COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #1UK311 Served 2/21/2023

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.03(5)(e)1	SIGNIFICANT CHANGE TO THE RESIDENT	4/8/23	Yes
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	4/8/23	Yes
88.09(1)(d)8	RESIDENT RECORD-ISP	4/8/23	Yes

Survey ID: 0140037 **End Date:** 6/17/2022 **Type:** STANDARD **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016563)

Date Complaint Received: 10/31/2022

Date Investigation Completed: 1/19/2023

Subject Area(s)
PROGRAM SERVICES
RESIDENT RIGHTS

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOME LLC (0016564)

Address: 1936 FRANKLIN, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 5/1/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140261 **End Date:** 7/13/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0136108 **End Date:** 4/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134567 **End Date:** 8/20/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0134550 **End Date:** 8/12/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #XWZ613 Served 8/19/2020

Deficiencies Cited

88.05(3)(e)2.b

88.09(2)(a)9

Subject Area

INSPECTIONS-GAS FURNACE

HEALTH SCREENING

Compliance

Verified

8/13/20

8/11/20

Corrected

Yes

Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOME LLC--0016564)

Date Complaint Received: 7/5/2022

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 7/13/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 2/2/2021

Subject Area(s)
ADMINISTRATION
PROGRAM SERVICES

Date Investigation Completed: 4/28/2021

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/23/2020

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 8/12/2020

Result
NOT SUBSTANTIATED

SOD #

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

STATE OF WISCONSIN

Bureau of Assisted Living

P.O. Box 7940

Madison WI 53707-7940

Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni (0016022)

Address: 1715 LASALLE STREET-LOWER, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 8/4/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139975 **End Date:** 6/8/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137010 **End Date:** 6/10/2021 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: ENFORCEMENT ACTION

Statement of Deficiency: #OGK414 Served 8/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(a)	FIRE SAFETY-FIRE EXTINGUISHERS	6/8/22	Yes
88.05(4)(b)1	FIRE SAFETY-SMOKE DETECTORS	6/8/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-Lower Uni--0016022)

Date: 8/17/2021 **SOD #**OGK414 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

Date: 4/1/2020 **SOD #**OGK413 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER (0016034)

Address: 1715 LASALLE STREET UPPER, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 8/4/2016 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141361 **End Date:** 11/2/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0141521 **End Date:** 6/20/2022 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138566 **End Date:** 9/28/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #S2FW11 Served 2/1/2022

Deficiencies Cited
88.10(3)(q)

Subject Area
MEDICATIONS

Compliance
Verified
6/16/22

Corrected
Yes

Survey ID: 0135000 **End Date:** 10/22/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0134933 End Date: 9/24/2020 Type: OTHER Purpose: VERIFICATION VISIT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #UVU214 Served 10/5/2020

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u> <u>Verified</u>	<u>Corrected</u>
88.06(3)(f)	REVIEW OF ISP	10/15/20	Yes

Enforcement History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER--0016034)

Date: 2/1/2022 SOD #S2FW11 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (ROOTS RESIDENTIAL ADULT FAMILY HOMES LLC-UPPER--0016034)

Date Complaint Received: 3/1/2022

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 6/20/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 9/1/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 9/28/2021

Result
SUBSTANTIATED

SOD #
S2FW11

Date Complaint Received: 7/28/2021

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 11/2/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 7/13/2021

Subject Area(s)
RESIDENT RIGHTS

Date Investigation Completed: 6/20/2022

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 8/24/2020

Subject Area(s)
PROGRAM SERVICES

Date Investigation Completed: 9/24/2020

Result
SUBSTANTIATED

SOD #
UVU214

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SAFE HARBOUR HOMES II LLC (0014832)

Address: 3219 BARBARA DRIVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 12/4/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SAFE HARBOUR HOMES III (0015821)

Address: 1103 JACKSON PLACE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 11/16/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136577 **End Date:** 6/17/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (SAFE HARBOUR HOMES III--0015821)

Date Complaint Received: 2/10/2021

Date Investigation Completed: 6/17/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SAFE HARBOUR HOMES IV (0015822)

Address: 1105 JACKSON PLACE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 11/16/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SAFE HARBOUR HOMES LLC (0014831)

Address: 5224 16TH STREET, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 12/5/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SERENITY ON OSBORNE (0015573)

Address: 3700 OSBORNE BLVD, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 5/18/2015 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141559 **End Date:** 12/5/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0139110 **End Date:** 3/17/2022 **Type:** OTHER **Purpose:** COMPLAINT/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135514 **End Date:** 1/14/2021 **Type:** ABBREVIATED **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #KT0511 Served 2/3/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	
		<u>Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT	3/17/22	Yes
88.05(3)(n)2	CLEAN BEDDING AND LINENS	3/17/22	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	3/17/22	Yes
88.10(3)(e)	SELF-DIRECTION	3/17/22	Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (SERENITY ON OSBORNE--0015573)

Date: 2/1/2021 **SOD #**KT0511 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (SERENITY ON OSBORNE--0015573)

Date Complaint Received: 11/7/2022

Date Investigation Completed: 12/5/2022

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

Date Complaint Received: 2/23/2022

Date Investigation Completed: 3/17/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/30/2020

Date Investigation Completed: 1/14/2021

Subject Area(s)

Result

SOD #

RESIDENT RIGHTS

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SINCERE CARE ADULT FAMILY HOME (0017525)

Address: 3119 WINDSOR DR, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/12/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: SISTER LOVE AND CARE AFH LLC (0018955)

Address: 1244 SUPERIOR ST, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 7/13/2022 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0140178 **End Date:** 7/13/2022 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ST REGIS MANOR AFH (0016816)

Address: 3507 16TH STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 10/23/2017 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139667 **End Date:** 5/17/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138948 **End Date:** 2/8/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #I25911 Served 3/11/2022

Deficiencies Cited
88.03(4)(b)

Subject Area
RENEWAL REQUIREMENTS

Compliance
Verified
5/17/22

Corrected
Yes

Survey ID: 0139384 **End Date:** 12/28/2021 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R45C12 Served 4/28/2022

Deficiencies Cited
88.06(2)(a)
88.07(3)(a)

Subject Area
ADMISSION-HEALTH EXAM
PRESCRIPTION MEDICATIONS

Compliance
Verified

Corrected

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0136499 End Date: 2/11/2021 Type: STANDARD Purpose: SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #R45C11 Served 6/17/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance</u>	<u>Corrected</u>
		<u>Verified</u>	
50.065(2)(bm)	OUT OF STATE BACKGROUND CHECKS	12/23/21	Yes
88.04(2)(g)1	HEALTH SCREENING FOR STAFF	12/23/21	Yes
88.04(2)(h)	COMPLY WITH OSHA	12/23/21	Yes
88.05(3)(a)	HOME ENVIRONMENT	12/23/21	Yes
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	12/23/21	Yes
88.05(4)(d)2.c	SEMI-ANNUAL FIRE DRILLS	12/23/21	Yes
88.06(2)(a)	ADMISSION-HEALTH EXAM	12/28/21	No
88.07(3)(a)	PRESCRIPTION MEDICATIONS	12/28/21	No

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Enforcement History (ST REGIS MANOR AFH--0016816)

Date: 4/28/2022 **SOD #**R45C12 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

Date: 3/11/2022 **SOD #**I25911 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
NO NEW ADMISSIONS
ORDER TO COMPLY

Date: 6/17/2021 **SOD #**R45C11 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: ST REGIS ROSE (0018506)

Address: 4316 16TH STREET, RACINE, WI 53405

License Status: REGULAR

Licensed/Certified/Registered 9/1/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137635 **End Date:** 8/31/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TIME TO TREASURE AFH 3 S CORPORATION (0014526)

Address: 2209 PROSPECT STREET, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/19/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137976 **End Date:** 8/31/2021 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #CPTO11 Served 12/15/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(3)(a)	HOME ENVIRONMENT		
88.07(2)(a)	SERVICES		

Enforcement History (TIME TO TREASURE AFH 3 S CORPORATION--0014526)

Date: 12/15/2021 **SOD #CPTO11** **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TIME TO TREASURE AFH 4 S CORPORATION (0014527)

Address: 842 Park Avenue, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 2/19/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137394 **End Date:** 9/29/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137240 **End Date:** 8/30/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #CH9F11 Served 9/17/2021

Deficiencies Cited
88.05(3)(a)

Subject Area
HOME ENVIRONMENT

Compliance
Verified

Corrected

Enforcement History (TIME TO TREASURE AFH 4 S CORPORATION--0014527)

Date: 9/17/2021 **SOD #**CH9F11 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (TIME TO TREASURE AFH 4 S CORPORATION--0014527)

Date Complaint Received: 9/8/2021

Date Investigation Completed: 8/30/2021

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TIME TO TREASURE AFH 5 S CORPORATION (0014528)

Address: 5230 BISCAYNE AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/19/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TIME TO TREASURE AFH 6 S CORPORATION (0014529)

Address: 5232 BISCAYNE AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 2/19/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0135535 **End Date:** 1/20/2021 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #6R8J11 Served 2/11/2021

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(5)(b)	TRAINING-8 HOURS ANNUALLY		
88.06(2)(b)	SERVICE AGREEMENT EXCEPT RESPITE	3/21/21	Yes
88.06(3)(a)	INDIVIDUAL SERVICE PLAN & ASSESSMENT		

Enforcement History (TIME TO TREASURE AFH 6 S CORPORATION--0014529)

Date: 2/4/2021 **SOD #**6R8J11 **Appealed:** No

Sanctions

ORDER TO COMPLY

Complaint History (TIME TO TREASURE AFH 6 S CORPORATION--0014529)

Date Complaint Received: 12/28/2020 **Date Investigation Completed:** 1/20/2021

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
PROGRAM SERVICES	NOT SUBSTANTIATED	
RESIDENT RIGHTS	NOT SUBSTANTIATED	

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TRUE LIFE HOMES I (0010761)

Address: 5532 BYRD AVE, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 12/21/2004 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137495 **End Date:** 10/15/2021 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0135257 **End Date:** 11/13/2020 **Type:** STANDARD **Purpose:** SURVEY/COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Complaint History (TRUE LIFE HOMES I--0010761)

Date Complaint Received: 10/12/2020

Date Investigation Completed: 12/11/2020

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TRUE LIFE HOMES II (0011524)

Address: 920 SOUTH ST, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 10/18/2006 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TRUE LIFE HOMES III (0012374)

Address: 2620 JEAN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 6/12/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0133176 **End Date:** 4/13/2020 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TRUE LIFE HOMES LLC V (0013227)

Address: 2428 JEAN AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 5/6/2010 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: TRUE LIFE HOMES LLC (0012442)

Address: 621 THUNDERBIRD DR, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 9/25/2008 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: VISIONS OF LIFE LLC III (0014876)

Address: 3509 S GREEN BAY ROAD, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 12/10/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0139450 **End Date:** 2/10/2022 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #953D11 Served 5/4/2022

Deficiencies Cited
88.05(4)(b)2

Subject Area
SMOKE DETECTORS-TESTING AND
MAINTENANCE

Compliance
Verified

Corrected

Enforcement History (VISIONS OF LIFE LLC III--0014876)

Date: 5/4/2022 **SOD #**953D11 **Appealed:** No

Sanctions
ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: VISIONS OF LIFE LLC IV (0014770)

Address: 6545 LINCOLNSHIRE DR, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 10/3/2013 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0136564 **End Date:** 6/9/2021 **Type:** STANDARD **Purpose:** SURVEY/VV

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: VISIONS OF LIFE LLC (0012076)

Address: 7925 DANIEL CT, RACINE, WI 53406

License Status: REGULAR

Licensed/Certified/Registered 9/6/2007 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141399 **End Date:** 11/11/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0140281 **End Date:** 7/21/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138335 **End Date:** 12/21/2021 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Complaint History (VISIONS OF LIFE LLC--0012076)

Date Complaint Received: 11/3/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

Date Complaint Received: 9/23/2022

Date Investigation Completed: 11/11/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY

NOT SUBSTANTIATED

Date Complaint Received: 6/30/2022

Date Investigation Completed: 7/21/2022

Subject Area(s)

Result

SOD #

PROGRAM SERVICES

NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: WILLIAMS COMPASSIONATE CARE MANOR LLC (0014871)

Address: 601 SYDNEY DRIVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 9/4/2014 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0138895 **End Date:** 3/2/2022 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0138550 **End Date:** 1/28/2022 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #XDXW11 Served 1/31/2022

Deficiencies Cited
88.04(2)(a)

Subject Area
RESPONSIBILITIES

Compliance
Verified

Corrected

Survey ID: 0136476 **End Date:** 3/5/2021 **Type:** OTHER **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #2IYK11 Served 6/15/2021

Deficiencies Cited
88.04(2)(a)
88.05(2)(a)

Subject Area
RESPONSIBILITIES
DIFFICULTY WALKING

Compliance
Verified
3/2/22
3/2/22

Corrected
Yes
Yes

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Survey ID: 0134799 **End Date:** 9/8/2020 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Enforcement History (WILLIAMS COMPASSIONATE CARE MANOR LLC--0014871)

Date: 1/31/2022	SOD # XDXW11	Appealed: No
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Sanctions

ORDER TO COMPLY

Date: 6/15/2021	SOD # 2IYK11	Appealed: No
------------------------	---------------------	---------------------

Sanctions

ORDER TO COMPLY

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: WILSONS INFINITE LOVE LLC (0018603)

Address: 2321 WASHINGTON AVE, RACINE, WI 53404

License Status: REGULAR

Licensed/Certified/Registered 9/8/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0137281 **End Date:** 9/8/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: WINGS ADULT FAMILY HOME (0018301)

Address: 2804 ROSALIND AVENUE, RACINE, WI 53403

License Status: REGULAR

Licensed/Certified/Registered 9/8/2021 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0141258 **End Date:** 11/1/2022 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0137278 **End Date:** 9/8/2021 **Type:** INITIAL **Purpose:** SURVEY

Results: LICENSE/CERT/REGISTRATION ISSUED

Complaint History (WINGS ADULT FAMILY HOME--0018301)

Date Complaint Received: 9/21/2022

Date Investigation Completed: 11/1/2022

Subject Area(s)

Result

SOD #

STAFF TRAINING AND PROFICIENCY
ADMINISTRATION

NOT SUBSTANTIATED
NOT SUBSTANTIATED

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Provider Inspection Summary

For the period 2/15/2020 to 2/14/2023

Adult Family Home

Facility Information

Facility Name: WISCONSIN LIVING LLC (THE) (0017604)

Address: 3336 10TH AVE, RACINE, WI 53402

License Status: REGULAR

Licensed/Certified/Registered 7/1/2019 12:00:00AM

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

No survey activity during the period 2/15/20 to 2/14/23

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